

KANSAS CRIMINAL JUSTICE COORDINATING COUNCIL**OFFICE OF THE GOVERNOR****GRANTS PROGRAM**

LONDON STATE OFFICE BLDG, 900 SW JACKSON, ROOM 304 N, TOPEKA, KS 66612

FAX: (785) 291-3204

JAG

FY 2007

PROGRAM INCOME/EXPENDITURE REPORT

(Due 15 Days After Close of Each Quarter or the First Business Day, by 5:00 P.M. Program Income must be expended before federal funds are requested as reimbursement.)

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER	
	3. REPORTING PERIOD (MMDDYY) FROM: / / TO: / /	
4. GRANT AWARD AMOUNT	5. DATE OF REPORT	
6. NAME/TITLE OF AUTHORIZED AGENCY REPRESENTATIVE	7. PHONE NUMBER	8. SIGNATURE

9. PROGRAM INCOME EARNED:		<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Earned Beginning Balance (line 10(c) of previous quarter's report)				\$0
b. Program Income Earned During Quarter as a result of this grant project award	+			\$0
c. Program Income Earned Ending Balance	=	\$0	\$0	\$0
d. Grant Project Federal Portion (percentage of federal share per BSF)	x			
e. Federal Portion of Program Income Earned	=	\$0	\$0	\$0

10. PROGRAM INCOME EXPENDED:		<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Expended Beginning Balance (line 11(c) of previous quarter's report)				\$0
b. Program Income Expended During Quarter	+			\$0
c. Program Income Expended Ending Balance	=	\$0	\$0	\$0
d. Grant Project Federal Portion (percentage of federal share per BSF)	x			
e. Federal Portion of Program Income Expended	=	\$0	\$0	\$0

11. PROGRAM INCOME UNEXPENDED:		<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Earned Ending Balance (copy line 10(c) from above)		\$0	\$0	\$0
b. Program Income Expended Ending Balance (copy line 11(c) from above)	-	\$0	\$0	\$0
c. Total Program Income Unexpended	=	\$0	\$0	\$0

Approved by Office of the Governor:

Date: